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TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW
317 S. TENNESSEE AVENUE

LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005) CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO NICHOLAS J. TROIANO LAURIANE CICCARELLI TELEPHONE (863) 686-7136

FAX (863) 686-9157

WEBSITE: WWW.TROIANOLAW.COM

October 9, 2019

VIA FEDEX

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: HIDEAWAY MHP, LLC

Our File No.: 2014-0209

Dear Sirs:

Enclosed please find an original Articles of Amendment to Articles of Organization for the above-named entity. After filing, please return proof of filing to my office as soon as possible. I have also enclosed a check in the amount of \$25.00 to cover your filing fees.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,

Victor J. Trojano

VJT/mph

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	·ds.)		
iability Company	were filed on April 23, 2014	and assigned		
lowing:				
of the limited liab	ility company here:			
words "Limited Liabil	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
ET ADDRESS)	2801 N. University Dr. Suite 306			
_	Coral Springs, FL. 33065	201		
	c/o Wolfson & Associates	2019 OCT 1		
BOX)	2801 N. University Dr. Suite	306		
	Coral Springs, FL. 33065	= = = = = = = = = = = = = = = = = = = =		
		ds, enter the name of the ne		
Nicole Antronic	0			
c/o Wolfson &	Associates, 2801 N. University	Dr. Suite 306		
	Enter Florida street addre	ess		
Coral Springs	_ F	lorida 33065		
	City	Zip Code		
	Liability Company lowing: of the limited liab words "Limited Liabi cable: ET ADDRESS) Vor registered of office address her Nicole Antronic c/o Wolfson &	words "Limited Liability Company," the designation "LL cable: c/o Wolfson & Associates 2801 N. University Dr. Suite Coral Springs, FL. 33065 c/o Wolfson & Associates 2801 N. University Dr. Suite Coral Springs, FL. 33065 Coral Springs Associates, 2801 N. University Enter Florida street address Coral Springs Coral Springs Coral Springs		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Alex Stewart	12717 W. Sunrisc Blvd. Apt.268	
			
		Sunrise, FL 33323	
			Remove
			G Character
\	Pearl Stewart	12717 W. Sunrise Blvd. Apt.268	☐ Change
MBR			
		Sunrise, FL 33323	
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fective date, if other than the in effective date is listed, the date must be: If the date inserted in this blocument's effective date on the December 2.	t be specific and cannot be ock does not meet the a	prior to date of filing or pplicable statutory fil	(option more than 90 days after fi ing requirements, this of	nal) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delayed The 90th day after the reco		t not an effective	e time, at 12:01 a.	m. on the earlier of
October 8	2019			
alla d	stut	·		
- ,	Signature of a member or	authorized representati		
	organization of a monitor of	uunonzeu representat	ve of a member	

Page 3 of 3

Filing Fee: \$25.00